

Case Number:	CM15-0003906		
Date Assigned:	01/13/2015	Date of Injury:	10/22/2008
Decision Date:	03/23/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/06/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 68-year-old female who reported an injury on 10/22/2008. The mechanism of injury was unspecified. Her diagnoses included right lumbar radiculopathy, thoracic strain, and secondary depression due to chronic pain from the above diagnoses. Her past treatments include psychiatric treatment, medication, an electric chair lift, a TENS unit, and exercise. On 01/06/2015, the injured worker complained of low back pain that radiated to the lower extremities, worse on the right than the left, with increased prolonged standing, mid back pain with radiation to her low back, depression due to the continued low back pain, and broken 2 left upper teeth due to a fall from her legs giving out. The documentation indicated the injured worker had a pain level of 4-5/10 with medications and 9/10 without medications. It was also indicated the opioid medication allowed the injured worker to do activities of daily living including walking, sitting, standing, dressing, and showering. The injured worker also denied any side effects or any aberrant behavior. Current medications included Cymbalta 20 mg, topical menthol cream, and Norco 10/325 mg. The treatment plan included Cymbalta 30 mg #90, Methoderm topical cream, and Norco 10/325 #90 to help control the patient's chronic pain and flare ups. A Request for Authorization form was received on 01/06/2015.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Cymbalta 30mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain. Page(s): 13-16.

Decision rationale: The request for Cymbalta 30mg #90 is not medically necessary. According to the California MTUS Guidelines, antidepressants for chronic pain are recommended as a first line option for neuropathic pain. An assessment of treatment efficacy should be documented to include pain outcomes, an evaluation of function, changes in use of other analgesic medications, sleep quality and duration, and a psychological assessment after the start of treatment. More specifically, Cymbalta is approved for the treatment of anxiety, depression, diabetic neuropathy, and fibromyalgia. The injured worker was indicated to have been on Cymbalta for an unspecified duration of time. However, there was lack of documentation that the injured worker had anxiety, diabetic neuropathy, or fibromyalgia. There was also lack of documentation in regard to a full assessment of treatment efficacy to include not only pain outcomes but an evaluation of function, changes in use of other analgesic medications, sleep quality and duration, a psychological assessment, and monitoring for side effects to include excessive sedation. In the absence of the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

Menthoderm topical cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Page(s): 111-112.

Decision rationale: The request for Mentoderm topical cream is not medically necessary. According to the California MTUS Guidelines, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines do indicate the use of topical salicylates as they are significantly better than placebo in chronic pain. Furthermore, the indication for the use of topical salicylates would be for osteoarthritis, postherpetic neuralgia, diabetic neuropathy, and post mastectomy pain; however, the FDA warns that they may cause serious burns. The injured worker was indicated to have been using Mentoderm topical cream for an unspecified duration of time. However, there was lack of documentation to indicate the injured worker has failed a trial of antidepressants and anticonvulsants. Furthermore, there was lack of documentation to indicate the medical necessity for the treatment of osteoarthritis, postherpetic neuralgia, diabetic neuropathy, or post mastectomy pain. In the absence of the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

Norco 10/325 #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-going management. Page(s): 78.

Decision rationale: The request for Norco 10/325 #90 is not medically necessary. According to the California MTUS Guidelines, ongoing monitoring and documentation of patients on opioid regimens should include a full assessment of pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant or nonadherent drug related behaviors. The injured worker was indicated to have been on Norco for an unspecified duration of time. However, there was a lack of documentation in regard to a current urine drug screen and a complete pain assessment to include the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts after opioid ingestion. In the absence of the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.